## SEP 3 0 2005

## CERTIFICATE OF FACSIMILE TRANSMISSION

Request to Withdraw as Attorney or Agent

Application Number	10/615,499
Filing Date	7-8-2003
First Inventor	Schneiker, Conrad W.
Examiner Name	
Art Unit	
Docket Number	CWS-557

Faxed to Number <u>703-872-9306</u>	Total Pages 3
DATE OF TRANSMISSION: Sept. 30, 2005	
TITLE OF CASE:  Devices for Guiding and Manipulating Electron	n Beams
The following documents are enclosed:	
Certificate of Facsimile Transmission (1 page)	:
Request for Withdrawal as Attorney or Agent (Notice to Client (1 page)	(1 page)

The above named documents are being facsimile transmitted to the United States Patent and Trademark Office on the date indicated above. The Director is authorized to charge any additional fee(s) as needed during the pendency of this application to deposit account 50-2753......

Howard J. Greenwald P.C. 349 W. Commercial Street, Suite 2490 East Rochester, NY 14445 Telephone (585) 387-0285 Fax (585) 387-0288

Signature of Transmitter:

\_\_ Howard J. Greenwald, Reg. No. 24,247

\_X William Six

Tracy P. Jong, Reg. No. 56,105

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REQUEST FOR WITHDRAWAL

AS ATTORNEY OR AGENT

AND CHANGE OF

Country

Telephone

Signature

Name

Date

United States

Howard D. Greenwald

September 30, 2005

## RECEIVED CENTRAL FAX CENTER No. 2486

SEP 3 0 2005

10/615,499

7-8-2003

Fax

Registration No.

Telephone No.

(585) 424-6538

24,247

(585) 387-0285

PTO/SB/83 (09-04) Approved for use through 11/30/2005, OMB 0651-0035 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Schneiker, Conrad W

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number

First Named Inventor

Filing Date

Art Unit

CORRESPONDE	NCE ADDRESS	Examiner Name								
	<u> </u>	Attorney	Docket	Number	CWS-557					
To: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450										
Please withdraw me as attorney or agent for the above identified patent application, and										
all the attorneys/agents of record.										
the attorneys/agents (with registration numbers) listed on the attached paper(s), or										
	7				37282					
NOTE: This box can only be checked when the power of attorney of record in the application is to all the										
practitioners associated with a customer number.										
The reasons for this request are as follows: The practitioner knows or it is obvious that the practitioner's continued employment wilt result in violation of a Disciplinary Rule, to wit, CFR Sec. 10.68(b) and as such, withdrawal is mandatory pursuant to 37 CFR Sec. 10.40 (b)(2).										
There is no outstanding action from the USPTO with a reply due within 60 days.										
CORPORATION APPRIOR										
CORRESPONDENCE ADDRESS										
1. The correspondence address is NOT affected by this withdrawal.										
2. Change the correspondence address and direct all future correspondence to:										
The address associated with Customer Number.										
OR										
Firm or Individual Name	Michael L. Weiner									
Address Biomed Solutions LLC 150 Lucius Gordon Drive Suite 215										
City	West Henrielta		State	NY		Zip	14568			

date of a time period for response or possible extension period, the request to withdraw is normally disapprove This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO this coscount of internation is required by 37 CFR 1.30. The information is required to obtain or recain a benefit by the proper which is at the (and by the OSPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, propering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



## HOWARD J. GREENWALD, P.C.

Patent Preparation, Prosecution, and Licensing 349 W. Commercial Street, Suite 2490 EAST ROCHESTER, NY 14445-2408

Howard J. Greenwald, Patent Attorney Tracy P. Jong, Patent Attorney Peter J. Mikesell, Patent Agent, Ph.D. TELEPHONE (585) 387-0285 FACSIMILE (585) 387-0288 WWW.GREENWALDPC.COM

September 30, 2005

Michael L. Weiner Biomed Solutions, LLC 150 Lucius Gordon Drive, Ste 215 West Henrietta, NY 14586

> REQUEST OF WITHDRAWAL AS ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS DOCKET 557; USSN: 10/615,499 "DEVICES FOR GUIDING AND MANIPULATING ELECTRON BEAMS"

Dear Mike:

Enclosures

Enclosed, please find a copy of REQUEST OF WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS filed with the United States Patent and Trademark Office. The withdrawal is not effective until granted by the United States Patent and Trademark Office.

There is currently nothing requiring a response to the United States Patent and Trademark Office within the next 60 days in this case. In this manner, no patent rights will be compromised. However, for your records, the next significant date you may wish to calendar in this matter, is as follows:

11/9/2007 Maintenance Fee window opens

It is our understanding that you already have complete and accurate files of this application. At your request, we would be pleased to provide you with a redundant copy of our records.